

REQUEST FOR PATENT FEE REFUND				510500
1 Date of Request:	2 Serial/Patent # 1D/542989			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/> Filing	1	12 Jan 94	\$ 20	
<input type="checkbox"/> Amendment			\$	
<input type="checkbox"/> Extension of Time			\$	
<input type="checkbox"/> Notice of Appeal/Appeal			\$	
<input type="checkbox"/> Petition			\$	
<input type="checkbox"/> Issue			\$	
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/> Maintenance			\$	
<input type="checkbox"/> Assignment			\$	
<input type="checkbox"/> Other			\$	
<i>MKS Manning &amp; Aguirre, LLP 1600 Atlanta Financial Center 3343 Peachtree Rd., N.E. Atlanta, GA 30306-1044</i>		7 TOTAL AMOUNT OF REFUND	\$ 20	
10 REASON:		8 TO BE REFUNDED BY:		
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input type="checkbox"/> Credit Deposit A/C #:		
No Fee Due (Explanation):		9		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <i>P. Kidwell</i>		TITLE: <i>Paralegal</i>		
SIGNATURE: <i>P. Kidwell</i>		PHONE: <i>305-3656</i>		
OFFICE: <i>PCF</i>		*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <i>Hany Shafiq</i>		DATE: <i>12-9-94</i>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

## REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>1-7-05</u>	2 Serial/Patent # <u>10/510500</u>									
3 Please refund the following fee(s):										
Filing	4 PAPER NUMBER 1	5 DATE FILED 12 Jan 05	6 AMOUNT \$ 55.00							
Amendment			\$							
Extension of Time			\$							
Notice of Appeal/Appeal			\$							
Petition			\$							
Issue			\$							
Cert of Correction/Terminal Disc.			\$							
Maintenance			\$							
Assignment			\$							
Other			\$							
<i>1/7/05</i> MORRIS, MANN & MARTIN LLP 1600 Atlanta Financial Center 3343 Peachtree Rd., NE Atlanta GA 30326-0104		7 TOTAL AMOUNT OF REFUND \$								
10 REASON:		8 TO BE REFUNDED BY: <input checked="" type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td>--</td><td> </td><td> </td><td> </td></tr></table>					--			
			--							
<input type="checkbox"/> Duplicate Payment										
<input type="checkbox"/> No Fee Due (Explanation):     										
11 REFUND REQUESTED BY: <u>R. K. Ridwell</u>		TITLE: <u>Paralegal</u>								
TYPED/PRINTED NAME: <u>R. K. Ridwell</u>		PHONE: <u>305-3656</u>								
SIGNATURE: <u>R. K. Ridwell</u>										
OFFICE: <u>FCT</u>		***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****								
APPROVED: <u>Jerry Phillips</u>		DATE: <u>1/6-05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B